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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

| Application Number     | 09/436,455              |  |  |
|------------------------|-------------------------|--|--|
| Filing Date            | November 8, 1999        |  |  |
| First Named Inventor   | Christopher James DANEK |  |  |
| Art Unit               | 3735                    |  |  |
| Examiner Name          | David M. Shay           |  |  |
| Attorney Docket Number | ASTXNA00300             |  |  |

| P.O.   | nissioner fo<br>Box 1450<br>Indria VA 21 |  |   |                                |  |                |   |  |  |  |
|--|--|--|---|--------------------------------|--|----------------|---|--|--|--|
| Alexandría, VA 22313-1450  |  |  |   |                                |  |                |   |  |  |  |
| Please withdraw me as attorney or agent for the above identified patient application, and  |  |  |   |                                |  |                |   |  |  |  |
|  | all the attorneys/agents of record       |  |   |                                |  |                |   |  |  |  |
| the attorneys/agents (with registration numbers) listed on the attached paper(s), or   |  |  |   |                                |  |                |   |  |  |  |
| ,  |  |  |   |                                |  |                |   |  |  |  |
| the attorneys/agents associated with Customer Number   |  |  |   | L                              |  |                |   |  |  |  |
| NOTE: This tox can only be checked when the power of attorney of record in the application is to all the<br>practitioners associated with a customer number. |  |  |   |                                |  |                |   |  |  |  |
| The reaso  | ns for this requ                         | iest are: Per the request of the Assigne     | e, the ab                               | ove applic                     | ation is to be transfe                 | rred to Po     | arkins Coie LLP.                        |  |  |  |
|  |  |  |   |                                |  |                |   |  |  |  |
|  |  |  |   |                                |  |                |   |  |  |  |
| CORRESPONDENCE ADDRESS   |  |  |   |                                |  |                |   |  |  |  |
|  |  |  |   |                                |  |                |   |  |  |  |
| The correspondence address is NOT affected by this withdrawal.   |  |  |   |                                |  |                |   |  |  |  |
| 2. Change the correspondence address and direct all future correspondence to:  |  |  |   |                                |  |                |   |  |  |  |
| pung   |  |  |   |                                |  |                |   |  |  |  |
| The address associated with Customer Number:   |  |  |   |                                |  |                |   |  |  |  |
|  |  |  |   |                                |  |                |   |  |  |  |
| OR   |  |  |   |                                |  |                |   |  |  |  |
|  | n or<br>ividual Name                     | Paul T, Parker<br>Perkins Cole LLP           |   |                                |  |                |   |  |  |  |
| Address  | Address 1201 Third Avenue, Suite 4800    |  |   |                                |  |                |   |  |  |  |
|  |  | -  |   |                                |  |                |   |  |  |  |
| City   | ***************************************  | Seattle                                      | State                                   | WA                             | ······                                 | Zip            | 98101-3099                              |  |  |  |
| Country USA  |  |  |   |                                | ~~~~                                   |                |   |  |  |  |
| Telephone (206) 359-3258   |  |  | *************************************** | Ernall PParker@perkinscole.com |  |                |   |  |  |  |
| Signature  | 5  | S. 6-2-                                      |   |                                | ······································ |                | *************************************** |  |  |  |
| Name Sanjay S. Bagade  |  |  |   | Registration No. 42,280        |  |                |   |  |  |  |
| Date   | November 16, 2007                        |  |   |                                | Telephone No.                          | (650) 242-4210 |   |  |  |  |
| NOTE Winds   | wal is offerthe w                        | hen approved rather than when received. Unle | us there a                              | e at least :                   | 30 days between approv                 | al of withd    | rawal and the expiration                |  |  |  |

date of a time period for response or possible extension period, the request to withdraw is normally disprovinged

This collection of information is required by 87 CFR 1.38. This information is required to obtain or status a seriest by the public which is to file fand by the USPTO to proceeds an application. Contributedly is governed by 35 U.S.C. 1.22 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete. In contributing the completed application from the USPTO. Time of way depending upon the mindfulled composition of the USPTO. Time of way depending upon the mindfulled composition on the absoluted from source of the USPTO. T ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.